

**STANDARD DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

NUMBER: **10 / 586316** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	1		/			
5	1		/			
6	0		/			
7	0		/			
8	0		/			
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TOTAL IND.	1		1			
TOTAL DEP.	9	←	8	←		←
TOTAL CLAIMS	10		9			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						